

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91148 001 ***300.00

0046666

DOCUMENT # P98000102840

1. Entity Name

HORROX & GLUGOVER, P.A.

Principal Place of Business

**306 EAST CHURCH STREET
 DELAND FL 32724**

Mailing Address

**306 EAST CHURCH STREET
 DELAND FL 32724**

2. Principal Place of Business

214 Loomis Avenue

3. Mailing Address

(SAME AS #2)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DAYTONA BEACH, FL.

City & State

4. FEI Number **59-3568177**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORROX, JOSEPH M ESQ.
 306 EAST CHURCH STREET
 DELAND FL 32724**

Name

(SAME AS #2)

Street Address (P.O. Box Number is Not Acceptable)

214 Loomis Avenue

City

Daytona Beach, FL.

FL

32114

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Joseph M. Horrox

04/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HORROX, JOSEPH M	
STREET ADDRESS	306 E. CHURCH ST	<i>see new address above</i>
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLUGOVER, JONATHAN H	
STREET ADDRESS	444 SEA BREEZE BLVD	<i>see new address above</i>
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph M. Horrox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/01

Date

914 225-9810

Daytime Phone #

CR2E034 (10/00)